UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT	FORM B For New Members, Candidates, and New Employees	POS LATIVE RESOURCE CENTER
Name: Bay Kiph & Esq.	Daytime Telephone:	9 JAN 15 PM 1: 34
New Member of or Candidate for State: WOUS. House of Representatives District: 13	Check if 3.5.8	(CFFICE OF REPRESENTATIVES  (Office Use Only)
STATUS  New Officer or Employee Staff File  Employing Office: Shared	Staff Filer Type (If Applicable): Shared Principal Assistant to Legenber 5, 2015.	A \$200 penalty shall be assessed against any individual who files more than 30 days late.
PRELIMINARY INFORMATION - ANSWER EACH OF THESE	THESE QUESTIONS	
A. Did you, your spouse, or your dependent child:     a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? or     b. Receive more than \$200 in unearned income from any reportable asset during the reporting period?	No E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	the reporting has No No
C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the Yes reporting period?	No E. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing?	rrangement with an Yes No
D. Did you, your spouse, or your dependent child have any reportable Yes liability (more than \$10,000) at any point during the reporting period?	No  J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	\$5,000 from a Yes No No
ATTACH THE CORRESPONDING THIS FORM INCLUDES ONLY THE SCHEDU	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE	COMPLETE
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BO	INFORMATION - ANSWER BOTH OF THESE QUESTIONS	QUESTIONS
TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust that benefits you, your spouse, or dependent child?	s and certain other "excepted trusts" need not be disclosed. H	ave you excluded Yes V No C
<b>EXEMPTION</b> – Have you excluded from this report any other assets, "unearned" income, or liabilities of a spouse or dependent ch exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	recome, or liabilities of a spouse or dependent child because they meet all three tests for tee on Ethics.	all three tests for Yes No No

#### 7 K K Identi produ exces and (t which incorr If you so choose, you may indicate that an asset income source is that of your spouse (SP) dependent child (DC), or jointly had with anyone (Jin the optional column on the far left. For an ownership interest in a privately-held bushr that its not publicly traded, state the name of business, the nature of its activities, and geographic location in Block A. all interest-bearing accounts. If the total is on \$5,000, list every financial institution where there more than \$1,000 in interest-bearing accounts. For a detailed discussion of Schedule A requirement please refer to the instruction booklet. For rental and other real property held for investment provide a complete address or description, e.g. rental property," and a city and state. For all IRAs and other retirement plans (such a 401(k) plans) provide the value for each asset held if the account that exceeds the reporting thresholds. Provide complete names of stor (do not use only ticker symbols). nomes and vacetion homes (unless there was rental noome during the reporting period); and any financial interest in, or income derived from, a feetard retirement program, including the Thrift Savings Plan. For bank and other cash accounts, total the amount all interest-bearing accounts. If the total is own exclude: Your personal residence, including secon you report a privately-traded fund that in excepted investment Fund, please check the Examples: Simon & Schuster Mega Corp Stock e in a 무 × None child in which you have no interest. \$1-\$1,000 8 \$1,001-\$15,000 O \$15,001-\$50,000 Ö × \$50,001-\$100,000 m \$100,001-\$250,000 'n

\$250,001-\$500,000

\$500,001-\$1,000,000

\$1,000,001-\$5,000,000

\$5,000,001-\$25,000,000

\$25,000,001-\$50,000,000 Over \$50,000,000

NONE DIVIDENDS

RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST

None

\$1-\$200

\$201-\$1,000 \$1,001-\$2,500

\$2,501-\$5,000 \$5,001-\$15,000

\$15,001-\$50,000

\$50,001-\$100,000 \$100,001-\$1,000,000

Over \$5,000,000

None \$1-\$200

\$201-\$1,000

\$1,001-\$2,500

\$2,501-\$5,000

\$5,001-\$15,000 \$15,001-\$50,000

\$50,001-\$100,000

Over \$5,000,000

\$100,001-\$1,000,000 \$1,000,001-\$5,000,000

Spouse/DC Income over \$1,000,000\*

×

×

×

\$1,000,001-\$5,000,000

Spouse/DC Income over \$1,000,000\*

×

×

Partnersh Royalties Spouse/DC Asset over \$1,000,000\*

Other Type of Income (Specify: e.g., Partnership Income or Farm Income)

9

#

\_

7

3

≈ =

₹ <

٤ ≨

≨

×

×

₹ ₹

=

Ħ ₹

<

5

≦

Ş

×

× ×

₹

Preceding Year

during the reporting period

SCHEDULE A – ASSETS	SCHEDULE A – ASSETS & "UNEARNED INCOME"	Name: Day	Minis Page of
BLOCK A	BLOCK B	вгоск с	BLOCK D
Assets and/or Income Sources	Value of Asset	Type of Income	Amount of Income
Identify (a) each asset held for investment or production of income and with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or source of income which generated more than \$200 in 'unearned' income during the year.	Identify (a) each asset held for investment or indicate value of asset at dose of the reporting period. If you Check all columns that apply. For accounts production of income and with a fair market value use a valuation method other than fair market value, please that generate tax-deferred income (such as assets) at 01(k), IRA, or 529 accounts), you may check capital and (b) any other reportable asset or source of income (if an asset was sold during the reporting period and is included the "Tax-Deferred" column. Dividends Check which generated more than \$200 in "unearned" only because it generated income, the value should be reinvested, must be disclosed as income (norme during the year.  "None."	Check all columns that apply. For accounts For asset that generate tax-deferred income (such as assets) 401(k), IRA, or 529 accounts), you may check capital the "Tax-Deferred" column. Dividends, Check interest, and capital galins, even if reinvested, must be disclosed as income "Column to assets held in taxable accounts. Check	Identify (a) each asset held for investment or Indicate value of esset at close of the reporting period. If you check all columns that apply. For accounts for assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all other production of income and with a fair market value use a valuation method other than fair market value, please that generate tax-deferred income (such as assets indicate the category of income by checking the appropriate box below. Dividends, (interest, and exceeding \$1,000 at the end of the reporting period specify the method used.  401(t), IRA, or 529 accounts), you may check capital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts. and (b) any other reportable asset or source of income if no income was samed or generated.  Which generated more than \$200 in "unearmed" income, the value should be reinvested, must be disclosed as income. Column XII is for assets held by your spouse or dependent child in which you have no interest. for assets held in taxable accounts. Check
Provide complete names of stocks and mutual funds	Provide complete names of stocks and mutual funds "Column M is for assets held by your spouse or dependent "None" if the asset generated no income	"None" if the asset generated no income	

															3,8,4				T		S
															ASSET NAME			Assets and/or Income Sources	В СОСК А		SCHEDULE A – ASSETS & "UNEARNED INCOME"
				<u> </u>		ļ			L									Seo.			Ĕ
_					_										EFF				_		Ś
			<u> </u>	-	_	ļ		-					<u> </u>			None >			ŀ		δο
_		<b></b>			<del> </del> —		├—	┝╌								\$1-\$1,000			ŀ		È
		-		-		-	-	-	-		_		1:			\$1,001-\$15,000	-		ł		E Z
_		ļ	_	<u> </u>		_		_			<u> </u>			-		\$15,001-850,000		_	ŀ		¥
_			-	-		<u> </u>		-	-		-	-		<u> </u>		\$50,001-\$100,000 m	{	Value of Asset	_		£
			ļ	-			┼	<del> </del> -	-			-	<b></b>	<del> </del>		\$190,001-\$250,000 T		90	вгоск в	-	
_		- Article						<u> </u>	-			<u> </u>				\$504,001-\$1,000,000		Ass	ã	$\neg$	Ę
_								-			<del>                                     </del>	-				\$1,000,001-\$5,000,000	-	set	ı		กั
																\$5,000,001-\$25,000,000	-		ı		9
																\$25,000,001-\$50,000,000	`				ų.
	<u></u>			<u> </u>				<u> </u>				<u> </u>				Over \$50,000,000			1		•
		-		_				ļ											_		
	_		-	<del> </del>	ļ	<u> </u>	<b> </b>	-	<del>  -</del>	<u>.</u>		ļ	ļ			HONE	-		ı		
	_	<u> </u>				-	-		-		<u> </u>	<u> </u>			<b>_</b>	DIVIDENDS	-		ı		
		_	ļ		ļ		├	-	<del>  -</del>			<u> </u>	ļ			RENT	_	Ţ			
	ļ		_		<u> </u>		<u> </u>	<u> </u>	ļ				_	-	ļ	INTEREST		ě	BE C		몺
	ļ		-	-	ļ	-	<u> </u>		<u> </u>	:		[ . ·	ļ	1.		CAPITAL GAINS		Type of Income	BLOCK C		Name:
			ļ	_	ļ	-	<u> </u>	-	ļ			<u> </u>	-		<u> </u>	EXCEPTED/BLIND TRUST		ĕ	0		<u> </u>
	_			1	├	ļ	<b>↓</b> _	-	<u> </u>			`	1		<b>_</b>	TAX-DEFERRED		<b>•</b>	- 1		(B)
																Other Type of Income (Specify: e.g., Partnership Income or Farm Income)					12
	774	ir, i							7	1 10						None				-	
																\$1-\$200	1				<b>19</b>
							_		_					1		\$201-\$1,000 🕱	ш			$\Box$	gy.
	-								-			-	-			\$1,001-\$2,500 <	0				100
	-	-		-	-	<del> </del>	-	-				-	-	-		\$5,001-\$5,000 <	Current Year				
-	-		-	-	-		-	+-	-		-	-	-	-	<del>                                     </del>	\$5,001-\$15,000 \(\leq\$ \$16,001-\$69,000 \(\leq\$	at				
			-	1	+		-					1				\$50,001-\$100,000 ≦	Yea				
			<del>                                     </del>	1	<del>                                     </del>	$\vdash$	+-						-		<b>i</b>	\$190,001-\$1,000,000	`			Н	
															T -	\$1,000,001-\$5,000,000 ×		Ą			
																Over \$5,000,000 &		Amount of Income			
																Spouse/DC Income over \$1,000,000° ≧		nt o	BLOCK D		
																: None		3	Š		
	ļ		<del> </del>	<u> </u>			<u> </u>	_	<u> </u>	ļ		-	ļ.,		<u> </u>	\$1-\$200 =		con		$\vdash$	
	-		-	-	-	<del> </del>	-	1	-	-	<del> </del>		$\vdash$	-	<del> </del> -	\$201-\$1,000		4			TO
	+-	-	-	1	-	-	+-	+	-		-	+	+	-		\$1,001-\$2,500 <	Pa			$\vdash\dashv$	Page
	+-	-	-	+	-	-	+-	+	-		-		+	-	<del>                                     </del>	\$5,001-\$15,000	Preceding Year				11,
			-			-	-			41.			1	-		\$15,001-\$50,000	ing Bui			= (	h/
		1	1-		1				-						1	\$50,001-\$100,000 <u>§</u>	5				0
																\$100,001-\$1,000,000 🗴	۳				ر آآرا
																\$1,000,001-\$5,000,000 ×					#1
							1		-	1_						Over \$5,000,000 \					
																Spouse/DC Income over \$1,000,000° ≧	Ш				ľ

# SCHEDULE C - EARNED INCOME

Name: Day Kyrns Page 4 of 7

**EXCLUDE:** Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act. List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For both the filer and filer's spouse, list the source and amount of any honoraria. List only the source for other spouse earned income exceeding \$1,000. See examples below.

INCOME LIMITS and PROHIBITED INCOME: Be advised that the income limit and prohibited income may apply to you after you are on House payroll. The 2017 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,765. The 2018 limit is \$28,050. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff.

		Am	Amount
Source (include date of receipt for honoraria)	Туре	Current Year to Filing	Preceding Year
ABC Trade Association, Baltimore, MD (July 15)	Honorarium	\$0,000	\$500
EXAMPIES: Civil War Roundtable (Oct. 2) Ontario County Board of Education	Spouse Speech Spouse Salary		\$1,000 N/A
hesslar and hesslar, LLP (2017) The many	Salary/Fre Suing		348'0CB
Knows Law Offices (Anaplan Marke) (2017-2018)	Criscally To	02.015/10/8	159,00)
	,		

### SCHEDULE D - LIABILITIES

Name: Page

ilabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. \*Column K is for liabilities held solely by your spouse or dependent child. period. New Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and

	C	0	0	0	Amount	0	
\$10,001- \$15,000 > \$15,001- \$50,000 &	\$15,001- \$50,000	\$15,001- \$50,000 \$50,001- \$100,000	\$15,001- \$50,000 © \$50,001- \$100,000 © \$100,001- \$250,000	\$15,001- \$50,000 © \$50,001- \$100,000 © \$100,001- \$250,001- \$500,000 m	\$15,001- \$50,000 © \$50,001- \$100,000 © \$100,001- \$250,000	\$15,001- \$50,000 © \$50,001- \$100,000 © \$100,001- \$250,000 © \$500,001- \$1,000,000 © \$5,000,000 © \$5,000,001- \$5,000,001-	\$15,001- \$50,000 © \$50,001- \$100,000 © \$100,001 © \$250,000 © \$500,000 © \$1,000,001- \$5,000,000 ©
)1- 0	01-	01- 000 0	01- 000 0	01- 000 0	01- 000 0	000 000 000 000 000 000 000 000 000 00	000 000 000 000 000 000 000 000 000 00
		\$100,000 \$100,001- \$250,000	\$100,000 \$100,001- \$250,000	\$100,000 \$100,001- \$250,000	\$100,000 \$100,001- \$250,000	\$100,000 \$100,001- \$250,000 \$250,001- \$500,001- \$1,000,000	\$100,000 \$100,001- \$250,000  \$250,001- \$1,000,001- \$1,000,001- \$5,000,000  \$5,000,001- \$5,000,001- \$5,000,001- \$25,000,000

#### SCHEDULE E - POSITIONS

political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. New Members and second-year candidates report positions held in the reporting Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. **Exclude**: Positions held in any religious, social, fraternal, or

	Charles	Associals Albrey	Position
	Konis Law Offices (Solt Digast by chia)	Anssler and Pressler, U.S.	Name of Organization

## SCHE

SCHEDU	SCHEDULE F - AGREEMENTS	Name: Day Kinnis Page 6 of
Identify the da continuation cemployer.	Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in employer.	Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.
Date	Parties to Agreement	Terms of Agreement

# SCHEDULE J - COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule C.

							Г
		icron Z	Studien Eck	बिटर या	Example:		
		, ,	EK Piscalaway, NO"	Presslar and Pressler, Ut Parsypon 15	Doe Jones & Smith, Hometown, Homestate	Source (Name and City/State)	
		Logal Reps	1	Associate Athrey (left firm Mach 2017)	Accounting Services	Brief Description of Duties	

FILER NOTES (Optional)

Use additional sheets if more space is required.

							NOTE
							NOTES
							S
				ļ			
					•		

Name: